

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/868974** FILING DATE  
APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51						
2		/						52						
3		/						53						
4		/						54						
5		/						55						
6		/						56						
7		/						57						
8		/						58						
9	/							59						
10		/						60						
11		/						61						
12		/						62						
13		/						63						
14		/						64						
15		/						65						
16		/						66						
17	/							67						
18		/						68						
19		/						69						
20		/						70						
21		/						71						
22		/						72						
23		/						73						
24		/						74						
25		/						75						
26	/							76						
27			1					77						
28				1				78						
29				1	1			79						
30				1	1			80						
31				1	1			81						
32				1	1			82						
33				1	1			83						
34				1	1			84						
35				1	1			85						
36				1	1			86						
37				1	1			87						
38				1	1			88						
39				1	1			89						
40				1	1			90						
41				1	1			91						
42				1	1			92						
43				1	1			93						
44				1	1			94						
45				1	1			95						
46				1	1			96						
47				1	1			97						
48								98						
49								99						
50								100						
TOTAL IND.	1		3					TOTAL IND.						
TOTAL DEP.	22		12					TOTAL DEP.						
TOTAL CLAIMS	23		15					TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS